

OCT 10 2003

## PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: Mail Stop ISSUE FEE  
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SYNGENTA CROP PROTECTION, INC.  
 PATENT AND TRADEMARK DEPARTMENT  
 410 SWING ROAD  
 GREENSBORO, NC 27409

Certificate of Mailing or Transmission  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Pamela Shirling	(Depositor's name)
<i>Pamela Shirling</i>	(Signature)
October 8, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/047,807	01/15/2002	Thomas Pittnera	PI/5-21167B/D1	5248

TITLE OF INVENTION: PROCESS FOR THE PREPARATION OF THIAZOLE DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	10/17/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SACKY, EBENEZER O	1626	548-182000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*1 Rose M. Allen*

*2 \_\_\_\_\_*

*3 \_\_\_\_\_*

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Syngenta Crop Protection, Inc.

Greensboro, NC

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

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(Authorized Signature) <i>Rose M. Allen</i> (Date) <i>10-8-03</i>	10/15/2003 BSAYAS12 00000056 10047807 01 FC:1501 1330.00 OP 02 FC:1504 300.00 OP 03 FC:8001 15.00 OP
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The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.17 which may be required, or credit any overpayment, to Account No. 50-1676 in the name of Syngenta Crop Protection, Inc.

Respectfully submitted,  
Syngenta Crop Protection, Inc.

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Date: October 8, 2003